

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)  
00999999

2 PAGE #  
1 of 7

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR  
Mr.

FIRST  
Joel

NICKNAME

LAST  
Burns

SUFFIX

## OFFICE USE ONLY

Date Received

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 12663  
Fort Worth, TX 76110

☐ Change of Address

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR  
Mr.

FIRST  
William

NICKNAME

LAST  
Hall

SUFFIX

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2308 Medford Court West  
Fort Worth, TX 76109

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 371-1177

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer  
appointment (officeholder only)

☒

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year

THROUGH

Month Day Year

01/01/2010

06/30/2010

10 ELECTION

ELECTION DATE  
Month Day Year

05 07 2011

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Fort Worth City Council District 9

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 87. —

4. TOTAL POLITICAL EXPENDITURES

\$ 4,100.46

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 39,963.38

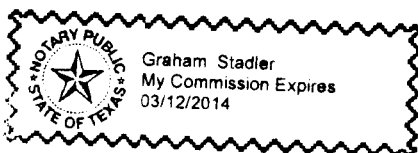
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Joel Burns*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joel Burns, this the 5<sup>th</sup> day of July, 20 10, to certify which, witness my hand and seal of office.

*Graham Stadler*  
Signature of officer administering oath

GRAHAM STADLER  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/4 Report: 3/7**2** FILER NAME Burns, Joel (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00999999**4** Date  
  
03/01/2010**5** Payee name  
Civic Strategies**6** Payee address; City; State; Zip Code  
1201 W Park Row Dr  
Arlington, TX 76013-3602**7** Amount  
(\$)  
  
\$500.00**8** Purpose of payment (See instructions regarding type of information required.)  
Consulting**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Constant ContactAmount  
(\$)

02/01/2010

Payee address; City; State; Zip Code  
1601 Trapelo Road  
Suite 329  
Waltham, MA 02451

\$79.69

Purpose of payment (See instructions regarding type of information required.)  
email services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Constant ContactAmount  
(\$)

03/02/2010

Payee address; City; State; Zip Code  
1601 Trapelo Road  
Suite 329  
Waltham, MA 02451

\$79.69

Purpose of payment (See instructions regarding type of information required.)  
email services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name  
Constant ContactAmount  
(\$)

03/30/2010

Payee address; City; State; Zip Code  
1601 Trapelo Road  
Suite 329  
Waltham, MA 02451

\$79.69

Purpose of payment (See instructions regarding type of information required.)  
email services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #  
Schedule: 2/4 Report: 4/7**2** FILER NAME Burns, Joel (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00999999**4** Date**5** Payee name

Constant Contact

**7**

Amount

(\$)

04/30/2010

**6** Payee address; City; State; Zip Code1601 Trapelo Road  
Suite 329  
Waltham, MA 02451

\$79.69

**8** Purpose of payment (See instructions regarding type of information required.)  
email services**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name

Constant Contact

Amount  
(\$)

05/30/2010

Payee address; City; State; Zip Code

1601 Trapelo Road  
Suite 329  
Waltham, MA 02451

\$79.69

Purpose of payment (See instructions regarding type of information required.)  
email services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name

Constant Contact

Amount  
(\$)

06/30/2010

Payee address; City; State; Zip Code

1601 Trapelo Road  
Suite 329  
Waltham, MA 02451

\$79.69

Purpose of payment (See instructions regarding type of information required.)  
email services\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name

NGP

Amount  
(\$)

03/24/2010

Payee address; City; State; Zip Code

1225 Eye Street NW  
Washington, DC 20005

\$1,500.00

Purpose of payment (See instructions regarding type of information required.)  
Campaign Finance Software\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1 PAGE #**

Schedule: 3/4 Report: 5/7

**2 FILER NAME** Burns, Joel (Mr.)**3 ACCOUNT #**

(Ethics Commission filers)

00999999

**4 Date****5 Payee name**

NGP

**7****Amount**

(\$)

04/05/2010

**6 Payee address; City; State; Zip Code**1225 I Street NW  
Washington, DC 20005

\$110.00

**8 Purpose of payment (See instructions regarding type of information required.)**

Database management

**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**Date****Payee name**

NGP

**Amount**

(\$)

06/03/2010

**Payee address; City; State; Zip Code**1225 I Street NW  
Washington, DC 20005

\$750.00

**Purpose of payment (See instructions regarding type of information required.)**

Database management

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**Date****Payee name**

Texas Workforce Commission

**Amount**

(\$)

01/31/2010

**Payee address; City; State; Zip Code**PO Box 149037  
Austin, TX 78714-9037

\$294.10

**Purpose of payment (See instructions regarding type of information required.)**

Employer Taxes

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**Date****Payee name**

US Postal Service

**Amount**

(\$)

01/25/2010

**Payee address; City; State; Zip Code**8th Avenue Station  
Fort Worth, TX 76110

\$72.00

**Purpose of payment (See instructions regarding type of information required.)**

Post Office Box fee

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1 PAGE #**

Schedule: 4/4 Report: 6/7

**2 FILER NAME** Burns, Joel (Mr.)**3 ACCOUNT #** (Ethics Commission filers)  
00999999**4 Date**

03/04/2010

**5 Payee name**

Walgreens

**7**

Amount

(\$)

\$52.98

**6 Payee address;** City; State; Zip Code921 Henderson St  
Fort Worth, TX 76102-3535**8 Purpose of payment** (See instructions regarding type of information required.)

Campaign Supplies

(If travel outside of Texas, complete Schedule T) ☐**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**Date**

01/15/2010

**Payee name**

Zambrano Wine Cellar

**Amount**

(\$)

\$256.44

**Payee address;** City; State; Zip Code910 Houston Street  
Fort Worth, TX 76102**Purpose of payment** (See instructions regarding type of information required.)

Event Costs

(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE****The INSTRUCTION GUIDE explains how to complete this form.****1 PAGE #**

Schedule: 1/1 Report: 7/7

**2 FILER NAME** Burns, Joel (Mr.)**3 ACCOUNT #**

(Ethics Commission filers)

00999999

**4 Date**

06/07/2010

**5 Payee name**

Fort Worth Police Officers' Award Foundation

**6 Payee address;**

City; State; Zip Code

PO Box 17659

Fort Worth, TX 76102-0659

**7**

Purpose of expenditure (See instructions regarding type of information required.)

Donation

**8**

Amount

(\$)

\$100.00

**Date**

06/14/2010

**Payee name**

Historic Southside Inc.

**Payee address;**

City; State; Zip Code

1606 Mistletoe

Fort Worth, TX 76104

Purpose of expenditure (See instructions regarding type of information required.)

Donation

Amount

(\$)

\$1,000.00

**Date**

05/28/2010

**Payee name**

World Market

**Payee address;**

City; State; Zip Code

4701 West Freeway

Fort Worth, TX 76107

Purpose of expenditure (See instructions regarding type of information required.)

Donation of items for use in Alice Carlson Elementary Silent Auction

Amount

(\$)

\$188.29